## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000081902

FILED Feb 18, 2005 Secretary of State

Entity Name: JOBEE'S LAWN CARE & LANDSCAPING SERVICE, INC

**Current Principal Place of Business: New Principal Place of Business:** P O BOX 13402 3207 AVENUE D FORT PIERCE, FL 349463402 US FORT PIERCE, FL 34950 US **Current Mailing Address: New Mailing Address:** P O BOX 13402 FORT PIERCE, FL 349463402 US FEI Number: 20-1158477 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JORDAN, KAREN R 1600 SAŃ DIEGO AVENUE FORT PIERCE, FL 34946 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition NEWBERRY, GERALD JORDAN, KAREN R Name: Name: P O BOX 13402 1600 SAN DIEGO AVENUE Address: Address: City-St-Zip: FORT PIERCE, FL 349793402 US City-St-Zip: FORT PIERCE, FL 34946 US Title: **VPS** Title: VPT (X) Change ( ) Addition () Delete Name: JORDAN, KAREN R Name: ADAMS, NAOMI B P O BOX 13402 1600 SAN DIEGO AVENUE Address: Address: FORT PIERCE, FL 349793402 FORT PIERCE, FL 34946 City-St-Zip: City-St-Zip: Title: ( ) Change (X) Addition Title: () Delete Name: PRESTON, GREGORY J Name: 707 N 7TH STREET Address: Address: City-St-Zip: City-St-Zip: FORT PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN R JORDAN P 02/18/2005